SUMMER Payment Plan Agreement 2023

To ensure your spot(s) all summer long a payment plan is available for summer Youth Development Day Camps. The Payee agrees to the NATIONAL following noted fees charged to the credit card on file in the Payment Account. Session A requires payment at time of registration.

Three payment cycles will be scheduled to facilitate payments for sessions B-K during the summer. *Please note payment dates.*

e on Credit C	ard		Addre	ss						
	State	Zip	Home Phone		·	Work/Da	ay Ph	one		
l										
#1		_ D.O.B	M/F	/c	hild #2			D.O.B		M/F
d #3 D.		_ D.O.B	M/F	/c	hild #4			_ D.O.B		M/F
			Payment Due	at tir	ne of regis	tration				
Session A	A (CHOOSE SITE)		Time	at til	Code	R/NR Fee		# of children		
	ng Explorers 6/12-6	5/16			3500.201		Х		=	
Lowel	Lowell Explorers 6/12-6/16 EB Shurts Explorers 6/12-6/16		7:30 am - 5:30	7:30 am - 5:30 pm		\$155/\$175	Х		=	
EB Shu			<u> </u>		3500.221		Х		=	
						TOTAL Due a	it tin	ne of registration	on:	
			Payme	ent Du	e 5/20/23					
Session E	3 (CHOOSE SITE)				-,,					
Bantin	ng Explorers 6/19-6	5/23			3500.202	\$155/\$175	Х		=	
Lowel	l Explorers 6/19-6/	23	7:30 am - 5:30	7:30 am - 5:30 pm	3500.212		Х		=	
EB Shu	urts Explorers 6/19	-6/23			3500.222		Х		=	
Session (C (CHOOSE SITE)									
Bantin	ng Explorers 6/26-6	5/30			3500.203	\$155/\$175	Х		=	
Lowel	l Explorers 6/26-6/	30	7:30 am - 5:30) pm	3500.213		Х		=	
EB Shu	EB Shurts Explorers 6/26-6/30			3500.223		Х		=		
								TOTAL Due 5	/20:	
			Pavme	ent Du	e 6/20/23					
Session [O (CHOOSE SITE) *I	No program 7								
Bantin	ng Explorers 7/5-7/	7	7:20 a.m. 5:20		3500.204	\$95/\$105	Х		=	
EB Shu	urts Explorers 7/5-7	7/7	7:30 am - 5:30) pm	3500.224		Х		=	
Session E	(CHOOSE SITE)				_					
Bantin	ng Explorers 7/10-7	//14			3500.205	\$155/\$175	Х		=	
Lowel	l Explorers 7/10-7/	14	7:30 am - 5:30	5:30 pm	3500.215		Х		=	
EB Shu	urts Explorers 7/10	-7/14			3500.225		Х		=	
Session F	(CHOOSE SITE)					T		,		
Bantin	ng Explorers 7/17-7	//21			3500.206	\$155/\$175	Х		=	
Lowel	l Explorers 7/17-7/	21	7:30 am - 5:30) pm	3500.216		Х		=	
EB Shu	urts Explorers 7/17	-7/21			3500.226		Х		=	
Session (G (CHOOSE SITE)									
Bantin	ng Explorers 7/24-7	//28			3500.207		Х		=	
Lowel	Lowell Explorers 7/24-7/28		7:30 am - 5:30	7:30 am - 5:30 pm	3500.217	\$155/\$175	Х		=	
EB Shu	urts Explorers 7/24	-7/28			3500.227		Х		=	
							_	TOTAL Due 6	/20:	

Payment Due 7/20/23						
Session H (CHOOSE ONE)	Time	Code	R/NR Fee		# of children	
Banting Explorers 7/31-8/4		3500.208		Χ	=	
Lowell Explorers 7/31-8/4	7:30 am - 5:30 pm	3500.218	\$155/\$175	Χ	=	
EB Shurts Explorers 7/31-8/4		3500.228		Х	=	
Session I (CHOOSE ONE)						
Banting Explorers 8/7-8/11		3500.209	\$155/\$175	Χ	=	
Lowell Explorers 8/7-8/11	7:30 am - 5:30 pm	3500.219		Х	=	
EB Shurts Explorers 8/7-8/11		3500.229		Х	=	
Session J (CHOOSE ONE)						
Banting Explorers 8/14-8/18		3500.210	\$155/\$175	Χ	=	
Lowell Explorers 8/14-8/18	7:30 am - 5:30 pm	3500.220		Χ	=	
EB Shurts Explorers 8/14-8/18		3500.230		Х	=	
Session K						
EB Shurts 8/21-8/25	7:30 am - 5:30 pm	3500.231	\$155/\$175	Х	=	
					TOTAL Due 7/20:	

Payment Information: In order to remain PCI compliant, we are not permitted to accept written credit card information on any documents. To set up your electronically stored payment account, you will need to provide us your credit card information through your online account, by phone, or in person. We accept Visa, MasterCard, Discover, and American Express.

Authorization to participate and for Emergency Medical Treatment: I, as participant or parent/legal guardian of the above-named child(ren), hereby give
permission for his/her/my participation in the activity(ies) selected. I further advice without my prior approval, the rendering of any emergency medical
treatment that may be necessary due to his/her/my participation in the activity(ies).

Parent/Guardian Signature:	Date:
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